

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

ORIGINAL

Illinois Commerce Commission
527 East Capitol Avenue
Post Office Box 19280
Springfield, Illinois 62794-9280

For Commission Use Only:

Case 00-0013

Regarding a complaint

by MAKHAN L. KACHRU
(Person making the complaint)

against AT&T TELEPHONE COMPANY
(Utility name)

as to C RGING ME HIGHER WEEKEND RATES TO INDIA
BEYOND MAY 4, 1999
(Reason for complaint)

in LYONS, Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 8709 PATRICIA DRIVE LYONS, IL 60534

The service address that I am complaining about is 8709 PATRICIA DRIVE LYONS, IL 60534

My home telephone number is 708 447-5327

Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at 735 1-3010

AT&T TELEPHONE COMPANY (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act
(Full name of utility company)

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with your complaint.

83 IL. ADM. PART 280.50(a), 280.70(a)

Have you **contacted** the Consumer Affairs Division of the Illinois Commerce Commission about this complaint? ☒ Yes ☐ No

Has your complaint filed with that office been closed? ☒ Yes ☐ No

ILLINOIS
COMMERCE COMMISSION
JAN 16 PM '99
CHIEF CLERK'S OFFICE

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.

I WAS CHARGED HIGHER RATES OF \$1.29 per minute C-S-India over the weekends on the plea that my promotion on which I was put had expired, beyond May 4, 1999 starting from Nov. 5, 1998. My contention is that if so called promotion expired, I may be charged the rate I was charged before November 5, 1998 which clearly shows that the promotion was falsely claimed.

Please clearly state what you want the Commission to do in this case,

REFUND THE DIFFERENCE OF RATE AMOUNT TO ME.

Date: 12/28/1999
(Month, day, and year)

Complainant's signature

If you will be represented by an attorney, please give the attorney's name, address, and telephone number.

You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must watch you fill out this part of the form.

I, MAKHANLAL KACHRU, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

(Signature)

Subscribed and sworn/affirmed to before me this 28 day of December, 1999.

Notary Public, Illinois

OFFICIAL SEAL

NAVINCHANDRA N MEHTA

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES: 02/03/01

NOTE:

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint